



## **CITY OF SAVANNAH**

**Revenue Department - Utility Services Division**

**132 E. Broughton Street**

**P.O. Box 1968**

**Savannah, Georgia 31402-1968**

### ***Application for Automatic Utility Bill Payment***

Water Account Number: \_\_\_\_\_

Customer Name: \_\_\_\_\_

Service Address: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

*I hereby authorize the City of Savannah to transfer funds from my checking account in order to post bi-monthly payments to my utility bill account. I understand that this payment will continue to occur unless I provide the City of Savannah a written notice of cancellation seven days prior to my next due date.*

\_\_\_\_\_  
*Customer Signature*

***A voided check must be submitted along with this application.***

***Please mail to the address at top of application or return with payment of your current water bill.***